

Tippecanoe County Health Department
20 North 3rd Street
Lafayette, Indiana 47901-1211
(765) 423-9221
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Food Establishment Plan Review Application

____ New Establishment ____ Remodel ____ Change of Ownership

Establishment Information

Name _____

Address _____

Phone Number _____

Owner Information

Name _____

Address _____

Phone Number _____

Applicant's Information

Name _____

Title _____

Address _____

Phone Number _____

Contractor's Information

Name _____

Title _____

Address _____

Phone Number _____

I have submitted plans/applications to the following authorities on the following dates:

_____ Zoning _____ City Engineer's
_____ Area Plan Commission _____ Fire
_____ Building Commission

Hours of Operation

_____ Sunday _____ Wednesday _____ Saturday
_____ Monday _____ Thursday
_____ Tuesday _____ Friday

Type of Operation (Please circle all that apply)

Restaurant Related

Bar with Food Prep	Buffet or Salad Bar	Cafeteria
Catering	Church	Commissary
Counter	Fast Food	Mobile
Sit down meals	Tableside/Display Cooking	Take out Menu
Other _____		

Grocery Related

Bakery	Ice	Self-service baked
Deli	Production/Packaging	goods
Fresh Meat	Produce	Self-service bulk items
Grocery Store	Seafood/Fish	

Number of Seats _____

Number of Staff _____ Full Time _____ Part Time

Total Square Feet of Facility _____

Number of Floors on which operations are to be conducted _____

Maximum Meals to be served: _____ Breakfast
_____ Lunch
_____ Dinner

Projected Date for Start of Project _____

Projected Date for Completion of Project _____

Please enclose the following documents:

_____ Propose Menu (including seasonal, off-site, and banquet menus)

_____ Manufacturer Specification sheets for each piece of equipment shown on the plans

- _____ Site plan showing location of business in building; location of building on site including alleys, streets; location of any outside equipment (dumpsters, well, septic system-if applicable)
- _____ Plan drawn to scale of food establishment showing location of equipment, plumbing, electrical services and mechanical ventilation
- _____ Equipment schedule

Contents and Format of Plans and Specifications

1. Provide plans that are a minimum of 11 X 14 inches in size including the layout of the floor plan accurately drawn to a minimum scale of 1/4 inch =1 foot. This is to allow for ease in reading plans.
2. Include: proposed menu, seating capacity, and projected daily meal volume for food service operations.
3. Show the location and when requested, elevated drawings of all food equipment. Each piece of equipment must be clearly labeled on the plan with its common name. Submit drawing of self-service hot and cold holding units with sneeze guards.
4. Designate clearly on the plan equipment for adequate rapid cooling, including ice baths and refrigeration, and for hot-holding potentially hazardous foods.
5. Label and locate separate food preparation sinks when the menu dictates to preclude contamination and cross-contamination of raw and ready-to-eat foods.
6. Clearly designate adequate handwashing lavatories for each toilet fixture and in the immediate area of food preparation.
7. Provide the room size, aisle space, space between and behind equipment and the placement of the equipment on the floor plan.
8. On the plan represent auxiliary areas such as storage rooms, garbage rooms, toilets, basements and /or cellars used for storage or food preparation. Show all features of these rooms as required by this guidance manual.
9. Include and provide specifications for:
 - a. Entrances, exits, loading/unloading areas and docks
 - b. Complete finish schedules for each room including floors, walls, ceilings and coved juncture bases
 - c. Plumbing schedule including location of floor drains, floor sinks, water supply lines, overhead waste-water lines, hot water generating equipment with capacity and recovery rate, backflow prevention, and waste water line connections

d. Lighting schedule with protectors

(1) At least 20 foot candles at a distance of 75 cm (30 inches) above the floor, in walk in refrigeration units and dry storage areas and in other areas and rooms during period of cleaning

(2) At least 20 foot candles:

- i. At a surface where food is provided for consumer self-service such as buffets and salad bars or where fresh produce or packaged foods are sold or offered for consumption
- ii. Inside equipment such as reach-in and under-counter refrigerators
- iii. At a distance of 75cm (30 inches) above the floor in areas used for handwashing, warewashing, and equipment and utensil storage and in toilet rooms.

(3) At least 70 foot candles at a surface where a food employee is working with food or working with utensils or equipment such as knives, slicers, grinders, or saws where employee safety is a factor.

e. Food equipment schedule to include make and model numbers and listing of equipment that is certified or classified for sanitation by an ANSI accredited certification program (when applicable).

f. Source of water supply and method of sewage disposal. Provide the location of these facilities and submit evidence that state and local regulations are complied with

g. A color coded flow chart demonstrating flow patterns for

- (1) food (receiving, storage, preparation, service)
- (2) food and dishes (portioning, transport, service)
- (3) dishes (clean, soiled, cleaning, storage)
- (4) utensil (storage, use, cleaning)
- (5) trash and garbage (service area, holding, storage)

h. Ventilation schedule for each room

i. A mop sink or curbed cleaning facility with facilities for hanging wet mops

j. Garbage can washing area/facility

k. Cabinets for storing toxic chemicals

l. Dressing rooms, locker areas, employee rest areas and/or coat rack

m. Site plan (plot plan)

STATEMENT: I certify that the plan review application package submitted is accurate to the best of my knowledge. I fully understand that any deviation from this application without prior permission from the Tippecanoe County Health Department may nullify final approval.

Printed Name of owner or representative

Date

Signature of owner or representative

Date

****Approval of these plans and specifications by the Tippecanoe County Health Department does not indicate compliance with any other code, law, or regulation that may be required (federal, state or local). It further does not constitute endorsement or acceptance of the completed establishment (structure or equipment). A pre-opening inspection of the establishment with equipment will be necessary to determine if it complies with the local and state laws governing food service establishments.

Food Preparation Review

Please answer the following questions.

Potentially Hazardous Foods

Check categories of Potentially Hazardous Foods (PHF's) to handled, prepared and served.

Category	Yes	No
Thin meats (i.e.: hamburger, fillets)	_____	_____
Thick meats (i.e.: whole chickens, roast beef)	_____	_____
Cold processed foods	_____	_____
Hot processed foods	_____	_____
Bakery goods	_____	_____
Other _____	_____	_____

Food Supplies

What are the projected frequencies of deliveries for

Frozen food _____
Refrigerated food _____
Dry goods _____

Provide information on the amount of space (in cubic feet) allocated for the following:

Frozen food _____
Refrigerated food _____
Dry goods _____

How will dry goods be stored off the floor? _____

Cold Storage

Will raw meat, poultry and seafood be stored in the same refrigerators and freezers with cooked/ready-to eat foods? YES/NO

If yes, how will cross-contamination be prevented?

Does each cold storage unit have a thermometer? YES/NO

Walk-In Refrigeration and Freezer Storage

Walk-in Item #	Interior usable height (ft)	Interior Length (ft)	Interior Width (ft)

1. List the number or name for each walk-in refrigerator and freezer. This should be the same number or name used on plans.
2. List the interior usable height of each walk-in (For example, for a unit with a 7' ceiling, the usable height would be 5.5' if the bottom shelf is 6" off the floor and storage will stop 1' from the ceiling.
3. List the interior length and width of each unit.

Upright Refrigerators and Freezer Storage

Upright #	Interior depth (in)	Interior Length (in)	Interior Width (in)

1. List the number or name for each upright refrigerator and freezer. This should be the same number or name used on plans. Do not list working, preparation and line refrigerators.
2. List the interior depth, width and height for each unit.

Number of soft service ice cream machines _____

Number of ice machines _____ Self-dispensed _____ Hand Scoop

Dry Storage

Location	Usable room height (ft)	Interior Length (ft)	Interior Width (ft)

1. List the interior usable height of each storage area. (Determine height from floor to ceiling, and then subtract height of food off floor (6 inches) and height of food from ceiling.
2. Please note any auxiliary storage (i.e. Outside)

Or if there is no dry storage room proposed

Total Shelving Length (ft)	Shelving Width (ft)

Cooking

List types of cooking equipment_____

Thawing Frozen Potentially Hazardous Food

Please indicate by checking the appropriate boxes how frozen potentially hazardous foods (PHF's) in each category will be thawed. More than one method may apply. Also, indicate where thawing will take place.

Thawing Method	*Thick Frozen Foods	**Thin Frozen Foods
Refrigeration		
Running Water Less than 70 F		
Microwave (as part of the cooking process)		
Cooked from frozen state		
Other (describe)		

*Thick Frozen Foods: approximately one inch or more

**Thin Frozen Foods: approximately one inch or less

Hot/Cold Holding

How will hot PFH's be maintained at 135 F or above during holding service? Indicate type and number of hot holding units._____

How will cold PHF's be maintained at 41 F or less during holding service? Indicate type and number of cold holding units._____

Cooling

Please indicate by checking the appropriate boxes how PHF's will be cooled to 41F within 6 hours (135 F to 70 F in 2 hours and 70 F to 41 F in hours). Also, indicate where cooling will take place.

Cooling Method	Thick Meats	Thin Meats	Thin Soups Gravies	Thick Soups Gravies	Rice/Noodles
Shallow Pans					
Ice Baths					
Reduce Volume or Size					
Rapid Chill					
Other (describe)					

Reheating

How will PHF's that are cooked, cooled, and reheated for hot holding be reheated so that all parts of the food reach a temperature of at least 165F for 15 seconds. Indicate type and number of units used for reheating.

How will reheating food to 165 F for hot holding be done rapidly and within 2 hours? _____

Preparation

Please list categories of foods prepared more than 12 hours in advance of service.

Will employees be trained in good food sanitation practices? YES/NO

Method of training: _____

Who is the establishments certified food handler? _____

Attach a copy of certification.

Will disposable gloves and/or utensils and /or food grade paper be used to prevent handling of ready-to-eat foods? YES/NO

Is there a written policy to exclude or restrict food workers who are sick or have infected cuts and lesions? YES/NO

Please describe _____

How will cooking equipment, cutting boards, counter tops and other food contact surfaces which cannot be submerged in sinks or put through a dishwasher be sanitized?

Chemical Type _____

Concentration _____

Test Kit YES/NO

Will ingredients for cold ready-to –eat foods such as tuna, mayonnaise and eggs for salads and sandwiches be pre-chilled before being mixed and/or assembled? YES/NO
If not, how will ready-to-foods be cooled to 41 F? _____

Will all produce be washed on-site prior to use? YES/NO

Is there a planned location used for washing produce? YES/NO

Describe _____

If there is not a separate location to wash produce, describe the procedure for cleaning and sanitizing multiple use sinks between use. _____

Describe the procedure used for minimizing the length of time PHF's will be kept in the temperature danger zone (41 F to 135 F) during preparation. _____

Provide a HACCP plan for specialized processing methods such as vacuum packaged food items prepared on-site or otherwise required by the regulatory authority.

Are containers constructed of safe materials to store bulk food products? YES/NO
Indicate type _____

Date Marking

When Potentially hazardous food is ready-to-eat and will be kept under refrigeration for more than 24 hours after preparation/opening a last date of use must be placed on the item.

Will the establishment have food items that must be date marked? Yes/No

If yes, describe the date marking system that will be used? _____

Handwashing/Tiolet Facilities

Is there a hand washing sink in each food preparation and ware washing area? YES/NO

Do all handwashing sinks, including those in the restrooms have a mixing valve or combination faucet? YES/NO

Do self-closing metering faucets provide a flow of water for at least 15 seconds without the need to reactivate the faucet? YES/NO

Is hand cleanser available at all hand-washing sinks? YES/NO

Are hand-drying facilities available at all hand-washing sinks? YES/NO

Are covered waste receptacles available in each restroom? YES/NO

Is hot and cold running water under pressure available at each hand washing sink? YES/NO

Are all toilet room doors self-closing? YES/NO

Are all toilet rooms equipped with adequate ventilation? YES/NO

Water Supply

Is water supply _____ Public _____ Private?

If Private, has source been approved? YES/NO

Please attach copy of written approval and/or permit.

Where is ice made? _____ On Premises _____ Purchased Commercially

Describe provision for ice scoop _____

Provide location of icemaker or bagging operation _____

What is the capacity of the hot water generator? _____

Is the hot water generator sufficient for the needs of the establishment? YES/NO

How are backflow prevention devices inspected and serviced? _____

Plumbing Connections

	Air Gap	Air Break	Integral Trap	P Trap	Vacuum Breaker	Condensate Pump
Toilet						
Urinals						
Dishwasher						
Garbage Grinder						
Ice Machines						
Ice Storage Bin						
Sinks a. Mop b. Janitor c. Hand wash d. 3 compartment e. 2 compartment f. 1 compartment g. water station						
Steam Tables						

Dipper Wells						
Condensate/ Drain Lines						
Hose Connection						
Potato Peeler						
Beverage Dispenser w/carbonator						
Floor Drains						
Other						

*Trap: A fitting or device, which provides a liquid seal to prevent the emission of sewer gases without materially affecting the flow of sewage or wastewater through it. An integral trap is one that is built directly into the fixture e.g., a toilet fixture. A "P" trap is a fixture trap that provides a liquid seal in the shape of the letter "P": Full "S" traps are prohibited.

Are floor drains provided and easily cleanable? If so, indicate location: _____

Sinks

Is a mop sink present? YES/NO

If no, please describe facility for cleaning of mops and other equipment: _____

If the menu dictates, if a food preparation sink present? YES/NO

Where is it located? _____

Dishwashing Facilities

What equipment will be installed for ware washing use?

_____ Dishwasher

_____ Three compartment sink

What type of sanitization used for dishwasher? _____ Hot water

_____ Chemical

Is ventilation provided for dishwasher? YES/NO

Do all dish machines have templates with operating instructions? YES/NO

Do all dish machines have temperature/pressure gauges as required that are accurately working? YES/NO

Does the largest pot and pan fit into each compartment of the pot sink? YES/NO

If no, what is the procedure for manual cleaning and sanitizing? _____

Are there drain boards on both ends of the pot sink? YES/NO

What type of sanitizer is to be used? _____ Chlorine _____ Hot Water
_____ Iodine _____ Quaternary ammonium
_____ Other

Hot Water

When multiple separate water heaters are provided indicate which water heater serves which fixtures.

Identify and list all equipment that will be supplied with hotwater.	# of Fixtures
Handsinks	
Bathroom Sinks	
1 Compartment Sinks	
2 Compartment Sinks	
3 Compartment Sinks	
Vegetable Sink	
Overhead Spray Rinse	
Bar sink _____ 3 Compartment _____ 4 Compartment	
Cook sink	
Hot Water Filling Faucet	
Bain-maire	
Coffee Urn	
Kettle Stand	
Garbage Can Washer	
Clothes Washer	
Employee Shower	
Mop Sink	
Dishmachine _____ Hot water _____ Chemical Make and Model	
Other	
Other	

Water Heater Manufacturer _____ Model Number _____
Proposed size: Electric _____ KW
Gas _____ BTU's Thermal Efficiency _____ %
Storage Capacity _____ gallons
Recovery Rate _____ gallons per hour (@100 degree rise)

Do hot water heaters serve any non-food equipment area? YES/NO

If yes, please describe _____

Insect and Rodent Control

Will all outside doors be self-closing and rodent proof? YES/NO

Are screen doors provided on all entrances open to the outside? YES/NO

Do all open able windows have a minimum #16 mesh screening? YES/NO

Is the placement of electrocution devices identified on the plan? YES/NO

Will and pipes and electrical conduit chases be sealed; ventiation systems exhaust and intakes protected? YES/NO

Is area around building clear of unnecessary brush and other harborage? YES/NO

Will air curtains be used? YES/NO If yes, where? _____

List name and phone number of Pest Control Operator _____

Garbage and Refuse

Inside

Will refuse be stored inside? YES/NO If so, where? _____

Is there an area designated for garbage can or floor mat cleaning? YES/NO

Outside

Will a dumpster be used? YES/NO

Number _____ Size _____

Frequency of Pickup _____

Contractor _____

Will a compactor be used? YES/NO

Number _____ Size _____

Frequency of Pickup _____

Contractor _____

Will a grease trap or grease container be used? YES/NO

Number _____ Size _____

Frequency of Pickup _____

Contractor _____

Will garbage cans be stored outside? YES/NO

Describe surface and location where dumpster/compactor/garbage cans are to be stored. _____

Describe location of grease storage receptacle _____

Is there an area to store recycled containers? YES/NO Describe _____

Indicate what materials are to be recycled: _____ Glass _____ Cardboard
_____ Metal _____ Plastic
_____ Paper

Is there any area to store returnable damaged goods? YES/NO

Sewage Disposal

Is building connected to a municipal sewer? YES/NO

If no, is private disposal system approved? YES/NO

Please attach a copy of written approval and/or permit.

Are grease traps provided? YES/NO

If so where? _____

Provide schedule for cleaning and maintenance _____

Dressing Rooms

Are dressing rooms provided? YES/NO

Describe storage facilities for employees' personal belongings (ie: purses, coats)

Toxic Materials

Are insecticides/rodenticides stored separately from cleaning and sanitizing agents? YES/NO

Indicate locations _____

Are all toxics for use on the premise or for retail sale (this includes personal medications) stored away from food preparation and storage areas? YES/NO

Linens

Are laundry facilities located on premise? YES/NO

If yes, indicate location and what is to laundered _____

If no, how will linens be cleaned? _____

Is a laundry dryer available? YES/NO

Location of clean linen storage _____

Location of dirty linen storage _____

Finishing Schedule

Applicant must indicate which materials (quarry tile, stainless steel, 4" plastic coved molding, etc) will be used in the following areas.

	Floor	Coving	Walls	Ceiling
Kitchen				
Bar				
Food Storage				
Other Storage				
Dressing Room				
Garbage and Refuse Storage				
Mop Service Basin Area				

Ware washing Area				
Walk-in Refrigerators and Freezers				

Ventilation

Indicate all areas where exhaust hoods are installed:

Location	Filters/extraction devices	Square Feet	Fire Protection	Air Capacity	Air Make-Up

How is each listed ventilation hood system cleaned? _____

Catering/Off-Site/Satellite

List menu items to be catered. _____

Maximum number of catered meals per day will be _____.

How will hot food be held at proper temperature during transportation and at the remote serving location? _____

How will cold food be held at proper temperature during transportation and at the remote serving location? _____

What types of vehicles will be used to transport food? _____

What types of sneeze guards or food protection devices will be used? _____

Your Project is Located at _____

And is in the Jurisdiction Marked with an (*)

Contact Numbers

Information About	Lafayette	West Lafayette	Tippecanoe County	Other
Health Code Regulations	(765)-423-9221	(765)-423-9221	(765)-423-9221	(765)-423-9221
Building Code Regulations	(765)-807-1050	(765)-775-5130	(765)-423-9225	(765)-423-9225
Back Flow Device Test	(765)-807-1700	800-492-8373	(765)-423-9225	(765)-423-9225
Grease Trap	(765)-807-1800	(765)- 775-5145	(765)-423-9221	(765)-423-9221
Fire Inspector	(765)-807-1300	(765)-775-5175	(765)-423-9225	(765)-423-9225
Zoning	(765)-807-1050	(765)-775-5130	(765)-423-9766	(765)-423-9242
Sign Permits	(765)-807-1050	(765)-775-5130	(765)-423-9225	(765)-423-9225
Electrical Inspector	(765)-807-1050	(765)-775-5130	(765)-423-9225	(765)-423-9225
Certificate of Occupancy	(765)-807-1050	(765)-775-5130	(765)-423-9225	(765)-423-9225
Weights and Measures Inspector	(765)-423-9794	(765)-423-9794	(765)-423-9794	(765)-423-9794
State Egg Board	(765)-494-8510	(765)-494-8510	(765)-494-8510	(765)-494-8510